

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate DIANE C PERANICH
Address 25176 W. CHERRY DRIVE - PASS CHRISTIAN, MS 39571
Telephone 228 255 7020 Fax _____
Contact Name _____ Email _____
Office Sought _____ Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$3,800.00 ⁺	\$	\$
Total amount of disbursements	\$2,207.60 ⁺	\$	\$
Total amount of cash on hand		\$5,174.81	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Diane C Peranich
Signature of Candidate

12-15-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee PERANICH
 Reporting period JAN 10 through 12.10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ASTRAZENECA</u>	<u>6/9/10</u>	\$ <u>400.00</u>
Mailing Address <u>1800 CONCORD PIKE P.O. Box 15437</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>WILMINGTON, DE 19850</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RAND J GROUP, INC.</u>	<u>5/3/10</u>	\$ <u>500.00</u>
Mailing Address <u>5266 OLD HWY 11 Suite 70-369</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI ASSOC FOR HOME CARE</u>	<u>12/3/10</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 24087</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39225</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ANHEUSER BUSCH COS., INC.</u>	<u>1/1/</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee PERANICH
 Reporting period JAN 10 through 12-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT + T MISSISSIPPI</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. CAPITAL ST. Room 703</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required)	<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MOTOROLA</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 68429</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>SCARBURG, ILLINOIS 60168</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required)	<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI POWER COMPANY</u>	<u>10</u> / <u>14</u> / <u>10</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 4029</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>GULF PORT, MS 39502</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required)	<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PAUL D. GUICHET - GOOD GOV PAC</u>	<u>12</u> / <u>1</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 4019</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
City, State, Zip Code <u>GULF PORT, MS 39502</u>	<u>1</u> / <u>1</u> / <u>10</u>	\$
Name of Employer (Required)	<u>1</u> / <u>1</u> / <u>10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee PERANICH
 Reporting period JAN 10 through Dec 10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>E. I. DuPont De Nemours & Co</u>	<u>9/10/10</u>	\$ <u>750.00</u>
Mailing Address <u>P.O. Box 80040</u>	<u> / / </u>	\$
City, State, Zip Code <u>WILMINGTON, DE 19880</u>	<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee PERMANENT
 Reporting period JAN 10 through Dec 10

ITEMIZED DISBURSEMENTS

A. Full name <u>PINK HAWK FUNDS</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address		
City, State, Zip Code <u>LONG BEACH, MS 39560</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>DONATION / ADD</u>	Aggregate Year-to-date	\$
B. Full name <u>ST. PAULS CARNIVAL ASSOC</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1/23/10</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional) <u>DONATION / ADD</u>	Aggregate Year-to-date	\$
C. Full name <u>USM FOUNDATION</u>	Date (Mo., Day, Year) <u>5/28/10</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>118 COLLEGE DRIVE LOREL</u>		
City, State, Zip Code <u>NATLIESBURG, MS 39404</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>SCHOLARSHIP THOMAS L. (JOE) REEVES EDUCATION</u>	Aggregate Year-to-date	\$
D. Full name <u>PASS CHRISTIAN ELEM SCHOOL</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1/1/10</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional) <u>DONATION PLAY EQUIP FOR OUTSIDE</u>	Aggregate Year-to-date	\$
E. Full name <u>PINE HILLS NURSERY</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>KILN - DELISLE ROAD</u>		
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>KATRINA MEM</u>	Aggregate Year-to-date	\$
F. Full name <u>PASS CHRISTIAN LBY</u>	Date (Mo., Day, Year) <u>1/1/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>2ND STREET</u>		
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1/1/10</u>	\$
Purpose of Disbursement (Optional) <u>BIKE RACK FOR LBY</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee PERANICH
 Reporting period JAN 10 through Dec 10

ITEMIZED DISBURSEMENTS

A. Full name <u>Southern Printing & Silk Screen, Inc.</u>	Date (Mo., Day, Year) <u>6/9/10</u>	Amount of each disbursement this period \$ <u>204.00</u>
Mailing Address <u>230 DAVIS Avenue</u>		\$
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Color & B/W Copies</u>	Aggregate Year-to-date	\$
B. Full name <u>The Ahlervian</u>	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address <u> / / </u>		\$
City, State, Zip Code <u>Greenwood, MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Film Dev. (The Hall) Acting As Chairman of Town</u>	Aggregate Year-to-date	\$ <u>203.60</u>
C. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address <u> / / </u>		\$
City, State, Zip Code <u> / / </u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address <u> / / </u>		\$
City, State, Zip Code <u> / / </u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address <u> / / </u>		\$
City, State, Zip Code <u> / / </u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address <u> / / </u>		\$
City, State, Zip Code <u> / / </u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$